### **EIA-Funded Program Name:**

| * Current Fiscal Year EIA Allocation to this EIA-Program:                                      |
|--|
| * Name of Person Completing Survey and to whom EOC members may request additional information: |
| * Telephone number:  |
| * E-mail:  |
|  |

| History | y of the prog | jram. Please n | nark the app | ropriate res | ponse ( | choose one | ):This ∣ | program: |
|---------|---------------|----------------|--------------|--------------|---------|------------|----------|----------|
|         |               |                |              |              |         |            |          |          |

Was an original initiative of the Education Improvement Act of 1984

Was created or implemented as part of the Education Accountability Act of 1998

Has been operational for less than five years

Was funded by last fiscal year by general or other funds.

Is a new program implemented for the first time in the current fiscal year

Other

What SC laws, including provisos in the current year's general appropriation act, govern the implementation of this program? Provide complete citations from the SC Code of Laws including Title, Chapter, and Section numbers.

| SDE-EIA:XI.A.1  |
|---|
|   |
|   |
| Code of Laws:(MAX. 100 characters)  |
|   |
|   |
| Proviso Number:(MAX: 100 characters)  |
|   |
| Proviso 1A.31   |
|   |
|   |
|   |
| What South Carolina regulations govern the implementation of this program? Provide specific |
| references to the South Carolina Code of Regulations?                                       |

Regulations:

n/a

Do guidelines that have been approved by the State Board of Education, the Commission on higher Education or other governing board exist that govern the implementation of this program?

Yes

No

What are the primary objective(s) or goals of this program? Please distinguish between the long-term mission of the program and the current annual objectives of the program. (The goals or objectives should be in terms that can be quantified, evaluated and assessed.) (MAX 3500 characters)

#### Long Term Mission:

- 1. To facilitate partnerships between school personnel and the parents of students with autism spectrum disorders.
- 2. To strengthen mutual respect and understanding between parents and school personnel.
- 3. To join parents and schools in guiding each child toward knowledge and independence

#### Program goals:

- GOAL 1: To provide a parent mentor to assist with building a working relationship between the school and the parents. At least 85% of those we work with will report the parent mentor assisted in building this partnership.
- GOAL 2: To assist parents in understanding their role as an advocate for their child. At least 85% of parents will report that they have a better understanding of their role as a result of the parent mentor.
- GOAL 3: Model behavior for parents to learn how to express their concerns and desires with the school. At least 85% of parents will report that they feel better able to express their concerns and desires as a result of working with a parent mentor.
- GOAL 4: To provide information about autism to both the parents and the school. Information will be provided to at least 1,500 people during the fiscal year.

In the prior fiscal year, what primary program activities or processes were conducted to facilitate the program's performance in reaching the objective(s) as provided in question 7? What, if any, change in processes or activities are planned for the current fiscal year? (Examples of program processes would be: training provided, recruiting efforts made, technical assistance services, monitoring services, etc. Answers should be specific to the process undertaken at the state level to support the objectives of the program and should be quantifiable Please include any professional development services provided.)(MAX: 5000 characters)

The Parent School Partnership program is designed to assist children with autism spectrum disorders to reach their maximum potential in the educational system. Further it is designed to build collaborations between parents and schools, recognizing that each are essential partners in the child's education. SC Autism strives to achieve this by providing: 1. Information and training from a parent's perspective about autism spectrum disorders to families and schools; 2. Providing a parent mentor to assist the family in understanding their role in the Individual Education Team; and 3. Serves as a resource for schools and families.

SC Autism Society worked with 1,181 children with autism spectrum disorders and their families during the 2006-07 fiscal year. We attended at least one IEP meeting for the majority of these families. At the IEP, our Mentors work with families to understand their role as a member of the team and to help them understand the process. Additionally, we help families learn how to advocate for their child. Our ultimate goal is to have the schools and the families working collaboratively so that the child receives an appropriate education.

We have had worked collaboratively with 47 school districts in serving the 1181 children.

In the prior fiscal year and using the most recent data available, what were the direct products and services (outputs) delivered by this program? (Examples of program outputs would be: number of teachers attending professional development seminars, number of AP exams given and students taking AP classes, number of students served in the program, etc.)(MAX: 5000 characters)

SC Autism Society Parent Mentors worked with 1,181 children with an autism spectrum disorder and their families. Mentors assist the families in understanding the education process and in advocating for their child.

27% of our referrals came from schools 32% from doctors, counselors or other professionals 41% from other families

SC Autism Society worked within 47 School Districts

SC Autism Society interacted with more than 5,200 school personnel

SC Autism Society provided information about the Parent School Partnership program to 6,585 unduplicated individuals

What are the outcomes or results of this program? (Program outcomes can be both quantitative and qualitative and should address the program's objectives. Please use the most recent data available. Examples of outcomes would be: results of surveys, test data, increase in minority participation, reduction in achievement gaps, teacher loans awarded, textbooks purchased, etc.)(MAX: 5000 characters)

GOAL 1: 96.0% of those surveyed reported that they believed the parent mentor helped to build a positive working relationship between the school and the parents. This program saw an 11% increase in the number of families worked with.

GOAL 2: Of those parents surveyed, 94.5% reported an increased knowledge as to their understanding their role as an advocate for their child.

Goal 3: Of parents surveyed, 96.9% reported the parent mentor assisted them well in expressing their concerns.

#### **Program Evaluations**

#### What was the date of the last external or internal evaluation of this program?

#### Has an evaluation been conducted?

Yes No

# If an evaluation was conducted, what were the results and primary recommendations of the evaluation? (MAX: 2000 characters)

We have an internal evaluation that is conducted ongoing. We select families to call based on a predetermined formula and ask a series of questions designed to r evaluate our program. Additionally, our program coordinator analyzes the data collected to look at trends and issues. As a result, we are currently looking for outreach ideas to increase the number of school districts that we currently work with. Our analyzes shows that we have served many families in the more urban and suburban areas, but there are more rural areas of the state that we have not reached out to as well.

In January, we will have a new program coordinator and first on his plate is to conduct an evaluation of the program as a new person working with the program.

## Can you provide a URL link, electronic version or hard copy of this evaluation to the Education Oversight Committee?

Yes

No

If no, why not?(MAX: 100 characters)

The following questions do NOT apply to programs having a program code beginning with 01. (These are programs administered by or through the Department of Education. The Office of Finance at the Department of Education will provide answers to these questions.) If your program code begins with 01, please hit the NEXT button below. Once you advance to the next page, hit the SUBMIT button.

Please mark the appropriate response:

#### The total amount of EIA funds requested for this program for the next fiscal year will be:

The same as appropriated in the current fiscal year's appropriation

An increase over the current fiscal year's appropriation

A decrease over the current fiscal year's appropriation

If you indicated an increase or decrease in funding for the next fiscal year, what is the total amount requested for this program for the next fiscal year?

If you indicated an increase or decrease, please describe the reasons for the increase or decrease. How will the increase or decrease impact the objectives of the program as answered in question 7?(MAX: 3500 characters)

Please fill in the attached charts to reflect the budget for this program in the prior fiscal year and the

budget for this program in the current fiscal year.

| Funding Source              | Prior FY Actual | Current FY Estimated |
|-----------------------------|-----------------|----------------------|
| EIA                         |                 |                      |
| General Fund                |                 |                      |
| Lottery                     |                 |                      |
| Fees                        |                 |                      |
| Other Sources               |                 |                      |
| Grant                       |                 |                      |
| Contributions, Foundation   |                 |                      |
| Other (Specify)             |                 |                      |
| Carry Forward from Prior Yr |                 |                      |
| TOTAL                       |                 |                      |

| Expenditures                                       | Prior FY Actual | Current FY Estimated  |
|--|-----------------|-----------------------|
| Personal Service                                   | THOIT I Netdui  | OdiTelle 1 Estillated |
| Contractual Services                               |                 |                       |
| Supplies and Materials                             |                 |                       |
| Fixed Charges                                      |                 |                       |
| Travel   |                 |                       |
| Equipment  |                 |                       |
| Employer Contributions                             |                 |                       |
| Allocations to Districts/Schools/Agencies/Entities |                 |                       |
| Other: Please explain                              |                 |                       |
| Balance Remaining                                  |                 |                       |
| TOTAL  |                 |                       |
| #FTES  |                 |                       |

Data entry complete for this year.

Will additional information (eg. charts, tables, graphs, etc.) be submitted under separate cover to EOC for this program? If so, submit to Melanie Barton at mbarton@eoc.sc.gov. The program number should be cited in the subject of the e-mail.

Yes No